



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1764-FFS

DATE: February 13, 2017

TO: Iowa Medicaid Home Health Providers

APPLIES TO: Fee-for-Service Only

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Face-to-Face Encounter on Initiation of Home Health Services

EFFECTIVE: Immediately

Pursuant to federal regulations 42CFR 440.70(f), at the initiation of home health services a plan of treatment shall be completed. There must be a face-to-face encounter between a physician, a nurse practitioner, clinical nurse specialist, a certified nurse-midwife, or a physician assistant and the Medicaid member no more than 90 days before or 30 days after the start of service.

The plan of care shall support the medical necessity and intensity of services to be provided by reflecting the following information:

- a. Place of service.
- b. Type of service to be rendered and the treatment modalities being used.
- c. Frequency of the services.
- d. Assistance devices to be used.
- e. Date home health services were initiated.
- f. Progress of member in response to treatment.
- g. Medical supplies to be furnished.
- h. Member's medical condition as reflected by the following information, if applicable:
 - (1) Dates of prior hospitalization.
 - (2) Dates of prior surgery.
 - (3) Date last seen by a physician.
 - (4) Diagnoses and dates of onset of diagnoses for which treatment is being rendered.
 - (5) Prognosis.
 - (6) Functional limitations.
 - (7) Vital signs reading.
 - (8) Date of last episode of instability.
 - (9) Date of last episode of acute recurrence of illness or symptoms.
 - (10) Medications.
- i. Discipline of the person providing the service.
- j. Certification period (no more than 60 days).

k. Estimated date of discharge from the hospital or home health agency services, if applicable.

l. Physician's signature and date. The plan of care must be signed and dated by the physician before the claim for service is submitted for reimbursement.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at imeproviderservices@dhs.state.ia.us.